Virginia's System for Determination of Child Outcomes
Frequently Asked Questions

Please note. The Early Childhood Outcomes Center has published a Questions and Answers document on their website. This can be found at: http://www.fpg.unc.edu/~eco/faqs.cfm. Those questions and answers will not be repeated in this document. Rather, this document will include the questions specific to Virginia as well as questions that arose during the January/February 2007 trainings that are not covered in the ECO Center document.

Determining the Child's Functional Status for Each Indicator

1. **Question:** Does the Federal government or Virginia require the use of a specific assessment tool for determining child outcomes, or can professional, clinical judgment be used?

   Answer: Virginia requires that a tool be used, as well as information from the family and other caregivers and informed clinical opinion. The challenge for determining where a child falls on the rating scale is that no single evaluation tool exists that directly measures the three outcomes. Also, most of the current instruments used to assess children are domain-based and may not address a child's level of functioning in a variety of settings. Current recommended practices in assessment call for the use of multiple measures and multiple sources when assessing young children (Neisworth & Bagnato, 2005). Early childhood teams should turn to naturalistic means of assessing the skills a child can perform across a variety of settings. Naturalistic/authentic assessments include observations of children in their everyday environment, reliance on information from informed caregivers, and use of curriculum based measures which take into account different ways of achieving functional skills for children with disabilities. Naturalistic assessments provide multiple opportunities for a child to perform skills across domains of development and can be embedded within the context of child-initiated routines and planned activities (Losardo & Notari-Syverson, 2001). Assessment occurs in the context of daily routines and involves individuals who have the greatest opportunities to interact with the children on a regular basis (e.g., parents, caregivers, teachers).

2. **Question:** Do we have to use a specific tool, such as HELP, ELAP, the Carolina Curriculum, etc.?

   Answer: Virginia requires that a tool be used. Local systems may determine the tool they will use.

3. **Question:** After the initial assessment for developing the IFSP, measurement tools are not necessarily used again in Virginia to determine progress with the IFSP outcomes. This is not required under present Virginia policy, although additional assessments with instruments are done if needed. Why is this now being required?

   Answer: In order to provide valid, reliable data for determination of child progress, use of a tool in conjunction with family and other caregiver input and informed clinical opinion is necessary.

Assessment should be an ongoing process throughout intervention. Completion of an observation and curriculum based assessment tool which relies on information from informed caregivers fits in nicely with early intervention sessions and supports valid, reliable data. It is recommended that the child's status on the tool can be noted as part of the documentation of intervention sessions rather than devoting a session to "assessment".

4. **Question:** Are two disciplines required for the assessments after the initial evaluation and assessment?

   Answer: Two disciplines are not required for assessments after the initial evaluation and assessment. However, it is important that information from all of the IFSP team members who are involved with the child and family be obtained and used in determining the child's rating.

5. **Question:** Why is assessment done at annual IFSPs in addition to being done at the time of exit? How is the information from the interim assessments/ratings used?

   Answer: At this time, Virginia is requiring assessment/ratings for determination of child status and progress at entry and exit only. While Virginia is not requiring interim assessments and ratings of child status, this practice is recommended by the Early Childhood Outcome Center in order to provide more complete information about child progress throughout the child's time in early intervention. Interim assessments/ratings will document changes in developmental trajectories for a child from entry as well as provide the capacity to view child progress in yearly increments. This information can be used for program evaluation and improvement.

6. **Question:** How do States report on children who exit unexpectedly (i.e. they move or parents withdraw from program) and there are no exit child outcome data?

   Answer: If a child exits the Part C System before the exit assessment/ratings can be completed, progress data will not be available (nor reported) for that child UNLESS the child has had an interim assessment and ratings that were done more than 6 months after the child's initial IFSP **and** 6 months or less prior to exit, or if the child transitions to Part B, in which case Part B entry data may be used for Part C exit data.

7. **Question:** Are states required to collect data on Part C children who enter after 30 months if we know they will exit at 36 months and therefore can't possibly be in the program for 6 months?

   Answer: States are not required to collect entry data for children who are 30 months or older at the time of the initial IFSP.

8. **Question:** Can States use Part C exit data for children exiting as entry data for 619?

   Answer: States may use the Part C exit data for children exiting Part C as entry data for children entering Part B if the assessment/ratings were completed 6 months or less from time of

entry to Part B. Likewise, Part C may use the Part B entry data as Part C exit data if the assessment/ratings were completed 6 months or less from the time of exit from Part C. If the Part B entry data is used for the Part C exit data, then it is the responsibility of the Part C IFSP team to answer the progress question for each indicator. Local System Managers and Local Education Agencies are encouraged to collaborate to determine their process for sharing data.

9. **Question:** Who is responsible for determining each child's status (rating) on the three indicators?

   Answer: The IFSP Team working with the child and family is responsible for determining each child's status on the three indicators.

10. **Question:** When are the indicator ratings determined?

   Answer: Initial ratings are determined as part of the Initial IFSP process using information from the evaluation and assessment, including use of a developmental tool, family and other caregiver input and informed clinical opinion. Subsequent assessments and ratings are incorporated into the ongoing assessment of the child. Assessment/ratings are required prior to the child's exit from the Part C System, and can also be done at other intervals (6 months or more apart). Exit data must reflect assessment/ratings completed no more than 6 months prior to the child's exit from Part C.

11. **Question:** Can the team discussion to determine the indicator ratings (based on the information from the various sources and tools) be done as part of the initial evaluation and assessment or must it be done as a separate process?

   Answer: It is recommended that the determination of the indicator ratings be incorporated into the evaluation/assessment and Initial IFSP Process.

12. **Question:** If interim assessments/ratings are done, are the progress questions answered in relation to progress from the prior assessment or in relation to progress from the time the child entered early intervention.

   Answer: The progress questions are intended to reflect whether there has been any progress from the time the child entered early intervention. The questions must be answered based on the progress (if any) the child has made since the initial assessment.

13. **Question:** Do we adjust for Prematurity as is done for the evaluation/assessment for determination of eligibility and for establishing the child's level in each of the domains?

   Answer: For Virginia's System for Determination of Child Progress, ratings are not adjusted for prematurity (even though the child's adjusted age may be used in determination of Part C eligibility). While this seems inconsistent, the reason is that the assessments have different purposes. If children born prematurely are functioning developmentally like slightly younger

children, we are not surprised or concerned. If, however, the child's age is adjusted for prematurity and evaluation/assessment indicate the child is still functioning at a lower age level than that adjusted age, then the child may be in need of early intervention services (and determined eligible). Assessment for determination of child progress, on the other hand, requires comparison of the child's functioning with that of his or her same aged peers, which is why ratings of child status/progress are not adjusted for prematurity. The rating is intended to be an objective assessment of where the child is relative to age expectations at this time.

14. Question: Is an exit assessment required for children who were in the system for 6 months or longer, but who did not receive services, or who received service coordination only?

Answer: Yes, the exit assessment is required. The information and guidance families receive through the evaluation and assessment process and development of the IFSP are "interventions" which have the potential to positively impact child outcomes in and of themselves. In addition, as the early intervention data system is enhanced, there will be the capacity to analyze outcomes in comparison to the kinds and amount of services received.

15. Question: If a child had an initial assessment in one locality, then moves to another locality, is a new initial assessment required? What if the child didn't receive any services in the first locality?

Answer: The child indicator assessments are associated with the child in ITOTS, not with the local system. So the child's initial assessment data will be available to the new locality and will be used to calculate progress (comparison of entry data to exit data) when the child transitions out of Part C regardless of what locality the child resided when the assessments were done. The entry assessment does not need to be repeated.

16. Question: Is an exit assessment required for a child who is transitioning from one local Infant & Toddler Connection system to another one within Virginia?

Answer: No, since the child indicator assessments are associated with the child in ITOTS, not with the local system, the exit assessment should be done by the local Part C System from which the child transitions out of Part C Services. It is acceptable, however, to do interim assessments in order to gauge child progress at intervals (of at least 6 months duration) in addition to the entry-exit time span..

Involving Families

1. **Question:** How should parents be involved in the process of determining the child's status on the three indicators?

   Answer: Parents must be seen as accurate appraisers of their young child's development, especially when they are asked to make judgments about behaviors their child currently exhibits

(Boone & Crais, 1999). Given this philosophy and through the use of routine-based assessments, families can work in collaboration with professionals in determining a rating for the three indicators. To determine the child's status (rating) in relation to same age peers, additional information is needed beyond that which is gathered through use of an instrument. Parents and other caregivers should be asked about the child's functional skills across settings and situations. Prompts from Virginia's Decision Tree can be used to elicit the information that is needed to determine the child's rating.

2. **Question:** Should the decision tree and child rating (number score) be shared with the parent?

   Answer: Virginia is not recommending that the decision tree and rating be shared with the family, though it is acceptable to do so.

Child Indicator Summary Form (CISF)

1. **Question:** The information on the ECO Center Website refers to the "Child Outcome Summary Form (COSF)". Why is this called the Child Indicator Summary Form (CISF) in Virginia?

   Answer: Virginia elected to refer to the global child outcomes identified by OSEP as "indicators" in order to distinguish them from the individualized child outcomes identified on each child's IFSP.

2. **Question:** Where do we document the information that was used to reach the consensus on the rating for each indicator? Do we have to re-write the supporting information for the decision on the CISF if it is already on the IFSP?

   Answer: If the information used to determine the child's rating (and for exit, the yes/no decision about progress) is documented on the IFSP, it does not need to be re-written on the Child Indicator Summary form (CISF). It is imperative that the documentation on the IFSP be sufficient for an independent reviewer to understand the rationale for the rating and for the answer about progress.

3. **Question:** Should the rating number be recorded on the IFSP?

   Answer: It is not necessary or recommended to record the rating number on the IFSP.

4. **Question:** Where should the CISF be filed?

   Answer: The local system can determine where they will file the Child Indicator Summary Form (CISF). Some local systems have decided to file the CISF with the raw test data for the child rather than in the child's record. The forms must be available for data verification and monitoring reviews.

5. **Question:** Should information for exit or interim assessments/ratings be recorded on the original CISF or should a new form be used?

   Answer: A new Child Indicator Summary Form (CISF) must be used each time the child's status on the three OSEP indicators is determined.

6. **Question:** How is information transferred from the CISF to ITOTS?

   Answer: The person(s) at each local system who is responsible for ITOTS data entry will enter the information from the Child Indicator Summary Form (CISF) into the Child Progress section of the child's ITOTS record.

Determining and Reporting Progress for Each Child and To OSEP

1. **Question:** How is progress calculated for each child?

   Answer: In order to calculate progress, there must be entry data and interim or exit data that is collected 6 months or more after the entry data. The child's functional skills in the three indicator areas are compared to same-age peers at each assessment/rating. In addition, at assessments/ratings after the initial, there is a question about whether the child made _any_ progress since the initial assessment/rating. Based on a comparison of the child's ratings, their progress for each indicator will fall in one of 5 categories:
   - Maintained functioning at a level comparable to same-aged peers.
   - Reached level of same-age peers.
   - Improved functioning nearer to same-aged peers but did not reach it.
   - Improved functioning but did not move closer to same-aged peers.
   - Did not improve.

8. **Question:** What information is reported to OSEP and how is it reported?

   Answer: Virginia provides the number and percentage of children discharged during the report year (July 1 – June 30) that fall into each of the 5 categories listed above. This report is generated from the ITOTS system by the state and is reported in the Annual Performance Report to OSEP in February of each year beginning in 2008.

9. **Question:** How is child specific information kept confidential?

   Answer: No child specific information is reported by the state. The information is aggregated and does not include any personally identifiable information.

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References

Boone, H.A., & Crais, E. (1999). Strategies for achieving family-driven assessment and intervention planning. Young Exceptional Children, 3, 2-3.

Losardo, A., & Notari-Syverson, A. (2001). Alternative approaches to assessing young children. Baltimore, MD: Paul Brookes.

Neisworth, J.T., & Bagnato, S.J. (2005). DEC recommended practices: assessment. In S. Sandall, M. Hemmeter, B. Smith, & M. McLean (Eds.), DEC recommended practices: A comprehensive guide for practical application in early intervention/early childhood special education (pp. 54-55). Denver: Sopris West.